

FITZPATRICK, CELLA, HARPER & SCINTO

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FACSIMILE COVER SHEET

TO: EXAMINER GABRIEL I. GARCIA
U.S. PATENT AND TRADEMARK OFFICE (Art Unit 2624)

FROM: LOCK SEE YU-JAHNES, ESQ. (Reg. No. 38,667)

RE: U.S. PATENT APPLN. NO. 09/908,697
ATTORNEY DOCKET NO. 03560.001362.1

FAX NO.: (703) 872-9314

DATE: March 14, 2003 **NO. OF PAGES:** *16*
(including cover page)

TIME: **SENT BY:**

MESSAGE

TRANSMITTED HEREWITH IS AN AMENDMENT AFTER FINAL ACTION

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In re Application of:

Docket No. 03560.001362.1

KAZUTAKA MATSUEDA ET AL.

Application No.: 09/908,697

Examiner: G.I. Garcia

Filed: July 20, 2001

Group Art Unit: 2624

For: DATA PROCESSING APPARATUS AND METHOD
THAT NOTIFIES A USER WHEN DATA IS
TRANSFERRED (as amended)

Date: March 14, 2003

COMMISSIONER FOR PATENTS
BOX AF
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 5	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 °Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Attorney for Applicants
LOCK SEEFELD & ORLITZ
Registration No. 38,667

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Form #120

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